

# PHA Plans

## Streamlined Annual Version

U.S. Department of Housing and  
Urban Development  
Office of Public and Indian  
Housing

OMB No. 2577-0226  
(exp. 08/31/2009)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2007

### PHA Name:

Cozad Housing Authority

**NOTE:** This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Cozad Housing Authority

**PHA Number:** NE083

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2007

### PHA Programs Administered:

☒ **Public Housing and Section 8**

Number of public housing units: 40

Number of S8 units: 47

☐ **Section 8 Only**

Number of S8 units:

☐ **Public Housing Only**

Number of public housing units:

☐ **PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

### PHA Plan Contact Information:

Name: Patricia L. Hosick

TDD: 308-784-3661, ext. 16

Phone: 308-784-3661

Email (if available): cozhous@cozadtel.net

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

X PHA's main administrative office ☐ PHA's development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. X Yes ☐ No.

If yes, select all that apply:

X Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

X Main business office of the PHA ☐ PHA development management offices

☐ Other (list below)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2007**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

<b>X</b>	1. Site-Based Waiting List Policies	<b>Page 4</b>
	<b>903.7(b)(2) Policies on Eligibility, Selection, and Admissions</b>	
<b>X</b>	2. Capital Improvement Needs	<b>Page 5</b>
	<b>903.7(g) Statement of Capital Improvements Needed</b>	
<input type="checkbox"/>	3. Section 8(y) Homeownership	<b>Page 5</b>
	<b>903.7(k)(1)(i) Statement of Homeownership Programs</b>	
<input type="checkbox"/>	4. Project-Based Voucher Programs	
<b>X</b>	5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.	<b>Page 7</b>
<b>X</b>	6. Supporting Documents Available for Review	<b>Attachment H Operating Budget</b> <b>Attachment I Statement on Replacement Reserve</b> <b>Attachment J Certification of Policies</b> <b>Attachment K Pet Rules</b> <b>Attachment L Organization Chart</b>
<b>X</b>	7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report	<b>Page 11</b>
<b>X</b>	8. Capital Fund Program 5-Year Action Plan	<b>Page 15</b>
	<b>Capital Fund Program 2004</b>	<b>Page 18</b>
	<b>Capital Fund Program 2005</b>	<b>Page 24</b>
	<b>Capital Fund Program 2006</b>	<b>Page 29</b>

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace:**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

## **1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **NOT APPLICABLE**

<b>Site-Based Waiting Lists</b>				
<b>Development Information:</b> (Name, number, location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>	<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>	<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

### **B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component. **Not Applicable**

1. How many site-based waiting lists will the PHA operate in the coming year?
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - ☐ PHA main administrative office
  - ☐ All PHA development management offices
  - ☐ Management offices at developments with site-based waiting lists
  - ☐ At the development to which they would like to apply
  - ☐ Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes **X** No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes **X** No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4. ☐ Yes **X** No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. ☐ Yes **X** No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☐ Yes **X** No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

- a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☐ Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- ☐ low utilization rate for vouchers due to lack of suitable rental units
- ☐ access to neighborhoods outside of high poverty areas
- ☐ other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here)  
State of Nebraska
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)



## 6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
XX	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
XX	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
XX	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the method for setting public housing flat rents. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
XX	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
XX	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
XX	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
XX	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Setion _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
XX	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
XX	The results of the most recent fiscal year audit of the PHA conducted under the	Annual Plan: Annual Audit

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 20\_\_

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,000			
3	1408 Management Improvements	3,079			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000			
10	1460 Dwelling Structures	3,500			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Nondwelling Structures	3,500			
13	1475 Nondwelling Equipment	2,500			
14	1485 Demolition				
15	1490 Replacement Reserve	5,000			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	40,579			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
NE083				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	1406 Operations: Assist with							
	Cost of property Insurance			1,000		1,000		
	1408 Management Improvements: Staff training, Needs Assessment			3,079		3,079		
	1450 Site Improvement: Security Lighting, Landscaping			2,000		2,000		
	1460 Dwelling Structures: Attic Fans, Add insulation, replace storm doors			3,500		3,500		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
NE083				Original	Revised	Funds Obligated	Funds Expended	
	1465.1 Dwelling Structures: Replace Shower Liners, bathroom sinks, carpet and vinyl replacement			20,000		20,000		
	1470 Non Dwelling Structures: Replace Exterior Doors			3,500		3,500		
	1475 Non Dwelling Equipment: Computer Upgrades, Small hand tool replacement			2,500		2,500		
	1490 Replacement Reserve: Roof Replacement Reserve Account			5,000		5,000		

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Annual Statement/Performance and Evaluation Report**

### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

### **Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2007-08
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
NE083	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE							
1406: Operations	9/30/2008			9/30/2009			
1408: Management Improvements	9/30/2008			9/30/2009			
1450: Site Improvements	9/30/2008			9/30/2009			
1460: Dwelling Structures	9/30/2008			9/30/2009			
1465.1:Dwelling Equipment-NonExpendable	9/30/2008			9/30/2009			
1470: Nondwelling Structures	9/30/2008			9/30/2008			
1475: Nondwelling Equipment	9/30/2008			9/30/2008			

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name Cozad Housing Authority				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3  FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 4  FFY Grant: 2010 PHA FY:	Work Statement for Year 5  FFY Grant: 2011 PHA FY:
<b>NE083</b>	Annual Statement	1406:Operations	1406: Operations	1406: Operations	1406:0perations
Haymaker Haven		1408: Management Improvements	1408: Management Improvements	1408: Management Improvements	1408: Management Improvements
		1450: Site Improvement	1460: Dwelling Structures	1460: Dwelling Structures	1460: Dwelling Structures
HA Wide		1460: Dwelling Structures	1465.1: Dwelling Equipment-Nonexpendable	1465.1: Dwelling Equipment-Nonexpendable	1465.1 Dwelling Equipment-Nonexpndable
		1465.1 Dwelling Structures-Nonexpendable	1475: Nondwelling Equipment	1475: Nondwelling Equipment	1470: Nondwelling Structures
		1490: Replacement Reserve	1490: Replacement Reserve	1490: Replacement Reserve	1475.1 Nondwelling Equipment
					1490: Replacement Reserve



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

CFP Funds Listed for 5-year planning		40,579	40,579	40,579	40,579
Replacement Housing Factor Funds					

### Capital Fund Program Five-Year Action Plan

#### Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__2008 FFY Grant: 2008 PHA FY:			Activities for Year: 2009 FFY Grant: 2009 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>Haymaker Haven</i>	<i>1406: Operations</i>	1000	<i>Haymaker Haven</i>	<i>1406: Operations</i>	1000
Annual	NE083	<i>1408: Management Improvements (Staff Training, etc.)</i>	2000		<i>1408: Management Improvements (Staff Training)</i>	2000
Statement		1450: Site Improvement (Security Lighting, Landscaping)	1579		<i>1460: Dwelling Structures (Replace Storm Doors)</i>	5,000

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

		1460: Dwelling Structures (Replacement of Storm Doors)	12,000		1465.1 Dwelling Equipment-Non Expendable (Replace Shower Liners, Replace bathroom sinks, replace carpet/Vinyl)	7,000
		1465.1 Dwelling Equipment-Nonexpendable (Shower Liner replacement, Replace bathroom sinks, carpet/vinyl replacement	14,000		1475: Nondwelling Equipment (Replace hot water Heaters, computer upgrades, replace laundry equipment)	20,579
		1475: Nondwelling Equipment (Replacement of Laundry Equipment)	5,000			
		1490: Replacement Reserve (Roof Replacement)	5,000		1490: Replacement Reserve (Roof Replacement	5,000

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Total CFP Estimated Cost			\$40,579			\$40,579

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 2010 FFY Grant: PHA FY:			Activities for Year: 2011 FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>Haymaker Haven</i>	<i>1406: Operations (Help with cost of Property Insurance)</i>	1,000	<i>Haymaker Haven</i>	<i>1406: Operations (Help with cost of Property Insurance)</i>	1,000
NE083	<i>1408: Management Improvement (Staff Training)</i>	2,000	NE083	<i>1408: Management Improvement (Staff Training)</i>	2,000

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

	1460: Dwelling Structures (Replacement of Entry Doors)	18,000		<b><i>1460: Dwelling Structures (Replacement of Entry Doors)</i></b>	5,000
	1465.1 Dwelling Equipment-Nonexpendable (Carpet/vinyl replacement, bathroom sink replacement, Replace Bathroom GFI)	6,000		1465.1 Dwelling Equipment Nonexpendable (Carpet/Vinyl Replacement, Kitchen GFI Replacement)	7,000
	1475: Nondwelling Equipment (Computer Upgrades, small tool replacement)	8,579		1470: Non Dwelling Structure (Building New Laundry Building)	17,000
	1490: Replacement Reserve (Roof Replacement)	5,000		1475.1 Nondwelling Equipment: Computer upgrades	3,579
				1490:Replacement Reserve (Roof Replacement)	5,000

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Total CFP Estimated Cost		\$40,579			\$40,579

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004-2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0	355.21	355.21	355.21
3	1408 Management Improvements	4,300	3,328.51	2,404.54	2,404.54
4	1410 Administration	1,200	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	0	1,268.80	1,268.80	1,268.80
10	1460 Dwelling Structures	0	4,000	2,932.70	2,932.70
11	1465.1 Dwelling Equipment— Nonexpendable	4,000	3,726.85	3,726.85	3,726.85
12	1470 Nondwelling Structures	7,000	6,947.22	6,947.22	6,947.22
13	1475 Nondwelling Equipment	18,870	15,743.71	12,584	12,584
14	1485 Demolition				
15	1490 Replacement Reserve	10,000		10,000.00	10,000.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2	45,370	45,370	40,219.32	40,219.32

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004-2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	– 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>						
<b>Part II: Supporting Pages</b>						
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004-2005	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

				Original	Revised	Funds Obligated	Funds Expended	
NE083	Computer Upgrades, Software upgrades, Housing Study, \$3,000	1408		4,300	3328.52	2404.54	2404.54	In Progress
HA WIDE	Staff Training	1410		1,200	0	0	0	In Progress
	Install Ceiling Fans in all Apartment Units, Vertical Blinds, Attic Fans, Carpet/Vinyl	1465.1		4,000		2932.70	2932.70	In Progress
	Replace Carpeting in Community Room/Hallway, \$4,000; Replace Vinyl in Restrooms, and entry, \$1,000; Decorate (wallpaper, borders, paint) for Public Appeal, \$2,000	1470		7,000	6947.22	6947.22	6947.22	Complete
		1450		0	1268.80	1268.80	1268.80	Complete
	Replace Riding Lawn Mower, \$12,589; Snow Blower, \$1500; Sprinkler Head Replacements, \$1,000; Replace Copy Machine, \$3781	1475		18,870	15,743.71	12,584	12,584	In Progress
	Replacement Reserve for Roof	1490		10,000		10,000	10,000	Completed



## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2004-2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350104 Replacement Housing Factor No:					<b>Federal FY of Grant:</b> 2004-2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Annual Statement/Performance and Evaluation Report**

### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

### **Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program No: NE26P08350104 Replacement Housing Factor No:					Federal FY of Grant: 2004-2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Management Improvements	9/30/2004			9/30/2005			
Dwelling Structures	9/30/2004			9/30/2005			
NonDwelling Structures	9/30/2004			9/30/2005			
Non Dwelling Equipment	9/30/2004			9/30/2005			
Replacement Reserve	9/30/2004			9/30/2005		11/24/2004	

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT E**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005-2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1000		1000	1000
3	1408 Management Improvements	2500		0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2589		0	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable	4,000		0	0
12	1470 Nondwelling Structures	2400		0	0
13	1475 Nondwelling Equipment	20,788		0	0
14	1485 Demolition				
15	1490 Replacement Reserve	10,000		10,000.00	10,000
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005-2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	43,277		11,000	11,000
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>		
PHA Name: Cozad Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005-2006

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE083	Operations	1406		1,000		1000	1000	Complete
HA WIDE	Management Improvements: Computer and Software Upgrades, Training	1408		2,500				In Progress
	Site Improvement: Sidewalk Repair, Tree Removal/Replacement/ Landscape, Gazebo	1450		2,589				In Progress
	Dwelling Equipment: Replace carpet/vinyl, e-bolt lock system	1465.1		4,000				In Progress
	NonDwelling Structures: Replacement of Carpet; Decorate for Public Appeal	1470		2,400				In Progress
	NonDwelling Equipment: Replace/Trade in Pickup; Replace small snow blower; purchase blade	1475		20,788				In Progress

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005-2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replacement Reserve: Roof Replacement Reserve	1490		10,000		10,000	10,000	Complete

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority	Grant Type and Number Capital Fund Program No: NE26P08350105 Replacement Housing Factor No:	Federal FY of Grant: 2005-2006
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**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							
Operations	9/30/2006			9/30/2007		03/2006	
Management Improvements	9/30/2006			9/30/2007			
Site Improvements	9/30/2006			9/30/2007			
Dwelling Equipment	9/30/2006			9/30/2007			
NonDwelling Structures	9/30/2006			9/30/2007			
NonDwelling Equipment	9/30/2006			9/30/2007			
Replacement Reserve	09/30/2006			9/30/2007		01/2006	

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P0835016 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006-2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1000		0	0
3	1408 Management Improvements	2000		0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1000		0	0
10	1460 Dwelling Structures	4000			
11	1465.1 Dwelling Equipment— Nonexpendable	19,000		0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4579		4516.49	4516.49
14	1485 Demolition				
15	1490 Replacement Reserve	9,000		0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2	43,277		4516.49	4516.49



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835016 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006-2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	– 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>						
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835016 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006-2007	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

				Original	Revised	Funds Obligated	Funds Expended	
NE083	Operations	1406		1,000				In Progress
HA WIDE	Management Improvements: Computer and Software Upgrades, Training	1408		2000				In Progress
	Site Improvement: Sidewalk Repair, Tree Removal/Replacement/ Landscape, Gazebo	1450		1000				In Progress
	Dwelling Equipment: Attic fans for cooling efficiency, additional security lighting,	1460		4,000				In Progress
	NonDwelling Structures: Replacement of Carpet; Decorate for Public Appeal;new shower liners	1465		19,000		0	0	In Progress
	NonDwelling Equipment: Computer server, small maintenance tools	1475		4579		4516.49	4516.49	Completed
	Replacement Reserve: Roof Replacement Reserve	1490		9,000		0	0	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835016 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2006-2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350106 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2006-2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Annual Statement/Performance and Evaluation Report**

### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

### **Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program No: NE26P08350106 Replacement Housing Factor No:					Federal FY of Grant: 2006-2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Operations	9/30/2006			9/30/2007			
Management Improvements	9/30/2006			9/30/2007			
Site Improvements	9/30/2006			9/30/2007			
Dwelling Equipment	9/30/2006			9/30/2007			
NonDwelling Structures	9/30/2006			9/30/2007			
NonDwelling Equipment	9/30/2006			9/30/2007		Complete	
Replacement Reserve	09/30/2006			9/30/2007			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**ATTACHMENT H**

**OPERATING BUDGET**

**(HARD COPY MAILED TO FIELD OFFICE)**

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT I**

#### **ANNUAL STATEMENT/PERFORMANCE and EVALUATION REPORT on REPLACEMENT RESERVE**

##### **Part 1: Summary**

**HA NAME:**

**Cozad Housing Authority    ☒ Performance and Evaluation for Program Year  
Ending 2007**

Section 1: Replacement Reserve Status Must be Completed each Year there is a balance in Replacement Reserve.

	<u>Estimated</u>	<u>Actual</u>
<u>1. Replacement Reserve Interest Earned</u> (account 6200/1420.7: equals line 17 of section 2 below)	750	572.41
<u>2. Replace Reserve Withdrawal (equals line 16</u> <u>of section 2 below)</u>	0	0
<u>3. Net impact on Replacement Reserve (line 1</u> <u>minus line 2; equals line 18 of section 2 below</u>	750	572.41
<u>4. Current FFY Funding for Replacement Reserve</u> (line 15 of form HUD 52837)	10,000	10,000.00
<u>5. Replacement Reserve Balance at End of</u> <u>Previous Program Year (account 2830)</u>	54,917.24	54,917.24
<u>6. Replacement Reserve Balance at End of</u> <u>Current Program Year (line 4 + line 5 + [or -]</u> <u>Line 3 (account 2830)</u>	65,667.24	65,489.65

Section 2: Replacement Reserve Withdrawal Report (Complete this section if there is withdrawal/expenditure activity.

**There is/was no activity to Report for this Section – Therefore Information is not included in this Agency Plan**

**Patricia L. Hosick, SPHM**  
**Executive Director**

**Date: 12/1/2006**

## **8. Capital Fund Program Five-Year Action Plan**

### **ATTACHMENT J**

The Cozad Housing Authority certifies that amendments have been made and approved by the  
Board of Commissioners to both the  
ACOP (Admissions and Continued Occupancy Policy for Public Housing and  
The Section 8 Administrative Policy regarding the UIV (Upfront Income  
Verification Process)

Patricia L. Hosick, Executive Director

12-1-2006

## **8. Capital Fund Program Five-Year Action Plan**

### **ATTACHMENT K**

#### **HOUSING AUTHORITY OF THE CITY OF COZAD RULES FOR PETS**

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Housing Authority of the City of Cozad.

All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority grievance procedure if the animal becomes destructive, a nuisance or safety hazard to other tenants, or if the tenant/owner fails to comply with the following:

1. A maximum number of two pets are allowed. Only one may be a dog, a cat, bird, or a fish aquarium. Dog and cat weight must be less than 35-45 pounds (adult size). \*Exception can be made at the discretion of the Executive Director.
  - a. One bird cage allowed per unit, and/or
  - b. One fish aquarium (limited to a 10 gallon aquarium)  
Per unit.
2. Permitted pets are domesticated dogs and cats, birds, and fish aquariums.
3. Dogs and cats must be licensed each year with the City of Cozad (City Clerk Office). Tenants must also show proof of distemper and rabies booster shots each year and a copy or license brought to Housing Authority office. Cats must be vaccinated yearly for distemper.
4. All cats and dogs must be spayed or neutered. If such animals are not spayed and have offspring, tenant is in violation of this rule, and is subject to removal of the pet.
5. No pet may be kept in violation of state humane or health laws, or local city ordinance.
6. Dogs and cats shall remain inside a tenants unit unless they are on a leash and directly controlled by an adult. Birds must be confined to a cage at all times.



## **8. Capital Fund Program Five-Year Action Plan**

7. Residents are to provide litter boxes for cat waste which are to be kept in the unit. Tenant is not allowed to let waste accumulate. Residents are responsible for properly disposing of the cat waste.
8. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of the unit on Housing Authority property, and properly disposing of said droppings.
9. Residents should use the walking area provided which is North of the Cozad Grand Generation Center on the empty lot for their pets. Any repair to Housing Authority lawns/grass due to failure to comply, may be at the residents expense. After documented non-compliance, tenants will be billed for costs of replacement or repair.
10. Tenant shall take adequate precautions to eliminate any pet odors in or around unit and maintain unit in a sanitary condition at all times.
11. Tenant shall not permit any disturbance by their pet which would interfere with the peaceful enjoyment of other tenants; whether by loud barking, howling, biting, scratching, chirping, or other such activities. No vicious or intimidating dogs will be allowed.
12. If pets are left unattended for twenty-four (24) hours or more, the Housing Authority may enter the unit, remove the pet and transfer pet to the proper authorities, subject to local city ordinances. The Housing Authority accepts NO RESPONSIBILITY for the pet under such circumstances.
13. Tenants shall not alter their unit, patio or unit area to create an enclosure for an animal.
14. Tenant is responsible for all damages including cost of fumigation caused by their pets.
15. Tenants are required to pay Damage Deposit for Pets in the amount of \$200.00 for a dog or cat; for fish or bird - no deposit required. This deposit is refundable if no damage is done, as verified by the Housing Authority, after tenant moves out of the apartment.
  - A. Damage Deposit not required for tenant assist or Service Animals.
16. Tenants who violate these rules are subject to:
  - A. being required to remove the pet within 14 days of notice by the Housing Authority, and/or,

## **8. Capital Fund Program Five-Year Action Plan**

B. eviction.

17. Tenants must identify alternate custodian for pet in the event of tenant illness or other absence from unit.

### **Non-Household Animals or Community Pets:**

The regular distribution of bread crumbs, corn or other food, etc. to otherwise non-household animals or pets (Pets not registered with the Management Office) or any wild or stray animal such as squirrels, rabbits, stray cats or dogs, etc. is **Prohibited**.

Residents who violate this practice will be given two verbal (or written) warnings/reminders, which will also be documented in their individual tenant files by Management.

The **Third and any future** Warning/Reminder/Reprimand will be in writing with a Notice of Lease Violation and Fine of **\$10.00 each** to be paid at the next month's rent cycle at the Management Office.

Amended  
10/2003

## **8. Capital Fund Program Five-Year Action Plan**

### **PET OWNERSHIP**

#### **Tenant Certification**

**NO**\_\_\_\_\_ I do not have a pet, but have read and understand the above pet policy, in the event that I do obtain a pet.

**YES**\_\_\_\_\_ I do have a pet, and have read and understand the above regulations regarding pets and agree to conform to them.

Tenant Signature\_\_\_\_\_ Date\_\_\_\_\_

Project\_\_\_\_\_ Apartment Number\_\_\_\_\_

Executive Director\_\_\_\_\_ Date\_\_\_\_\_

## 8. Capital Fund Program Five-Year Action Plan

### ATTACHMENT L **ORGANIZATION CHART**

